

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042337

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 3164

FILED OCT 30 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>St. Louis</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kirkwood</b>	a. STATE <b>Mo.</b>	b. COUNTY <b>St. Louis</b>
c. FULL NAME OF (If NOT in hospital, give location) <b>Old Folks Home, Kirkwood</b>		d. STREET ADDRESS (If outside, give location) <b>711 S. Kirkwood Rd.</b>	
Length of stay in 1b <b>12 years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
<b>HELEN LAIRD</b>		<b>October 15, 1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/9/78</b>
9. AGE (last birthday) <b>85</b>		10. IF UNDER 1 YEAR Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Secretary</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Country Day School</b>	11. BIRTHPLACE (City and state or country) <b>Chester, Ill.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>David P. Laird</b>	13b. MOTHER'S MAIDEN NAME <b>Helen Swannwick</b>	14. NAME OF HUSBAND OR WIFE <b>Single</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>[Redacted]</b>	17. INFORMANT Address <b>Old Folks Home Records, Kirkwood, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>		<b>Months</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		<b>Years</b>
DUE TO (b) <b>General Arteriosclerosis</b>		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour s.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Chester, Ill.</b>	COUNTY <b>Chester</b>	STATE <b>Ill.</b>
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21. I attended the deceased from <b>1961</b> to <b>Oct 15, 63</b> and last saw her/him alive on <b>Oct 15, 1963</b>	
Death occurred at <b>7:45 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <b>[Signature]</b>	(Degree or title) <b>M.D.</b>	22b. ADDRESS <b>1211 S. Brentwood Ave</b>	22c. DATE SIGNED <b>15 Oct 63</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>10/17/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Evergreen Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Chester, Ill.</b>
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24. FUNERAL DIRECTOR <b>Bopp Chapel, Kirkwood, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>10-16-63</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>
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(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

706870-100

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Francis J. Weyland Jr.  
Licensed Embalmer No. 4512

P. O. Address Kirkwood, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.